

#### DEPARTMENT OF WORKFORCE DEVELOPMENT

Division of Workforce Solutions Bureau of Workforce Programs

**TO:** Economic Support Supervisors

**Economic Support Lead Workers** 

**Training Staff** 

**Child Care Coordinators** 

W-2 Agencies

FROM: Stephen M. Dow

**Employment Support Unit** 

Workforce Policy Development Section

**BWP OPERATIONS MEMO** 

No.: 01-76

File: 1250.14

2720

Date: 11/30/2001

Non W-2 [X] W-2 [] CC []

PRIORITY: URGENT

SUBJECT: ANNUAL COLA-RELATED CHANGES

CROSS REFERENCE: Medical Assistance Handbook

**EFFECTIVE DATE:** January 01, 2002

#### **BACKGROUND**

The Cost of Living Adjustment (COLA) for 2001 will be 2.6% for the SSA Old Age Survivors and Disability Insurance (OASDI or Title II) and the federal portion of SSI benefits. There is no change in the level of the State Supplemental Payment to SSI recipients. Eligibility redeterminations will be included in the CARES mass change occurring the weekend of 12/07/01. The MA changes will be included in the *MA Handbook's* January, 2002 release.

This will result in the changes in CARES and the Medical Assistance (MA) income and asset levels, allowances and deductions outlined in this Operations Memo.

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## **CARES**

## Mass Change

Data updates are made based upon information received from the Social Security Administration (SSA) related to COLA increases to social security (i.e., disability, survivor, retirement) benefits and Supplemental Security Income (SSI) program benefits. The Medicare Part B premium amount is also updated based upon the yearly amount described in federal law. The benefit increase based upon the COLA will be 2.6% of the current benefit.

## Updates of CARES Fields:

#### **CARES Screen**

1.	SSI Benefit	AFUI
2.	Social Security Benefit	AFUI
3.	503 COLA Disregard	AFUI
4.	QMB/SLMB COLA Disregard	AFUI
5.	Medicare Part-B Premium amount.	AFMD

For each person in a W-2, Child Care, MA, BadgerCare, Family Care Assistance Group (AG), or FS AG that is open or has been closed less then 30 days, CARES will update the SSA/SSI benefit amount on AFUI (the unearned income screen) with an effective date of 01/02 (January/2002). When applicable, AFMD will be updated with the increased Medicare Part B premium amount. The premium payor will be changed on AFMD if SSA data differs from that in CARES. We are using data supplied to us by the SSA to identify SSA/SSI recipients and new benefit amounts.

## **EXCEPTIONS THAT ARE NOT UPDATED AUTOMATICALLY:**

- When the federal COLA file has SSI Income, but there is no corresponding AFUI record on CARES, CARES will not be updated. The error message will be "SDX shows SSI eligible". (If the correct AFUI is on CARES, but with an amount of zero, the same message will appear on the information report and the case will be updated)
- 2. When there is information in the SSA COLA file and CARES has SSA and/or SSI income that is dated in the future (01/02 or later), CARES will not be updated and ED/BC will not be run. The information will be sent to the exception report. The error message is "Future Begin Date No Update".
- 3. When the AFUI screen on CARES shows current information for either SSI or SSA and there is no information on the federal COLA file, one of the following messages will appear:
  - a. "No COLA Record for SSA".
  - b. "No COLA Record for SSI".
- 4. Cases that have multiple SSA income records in CARES will have the information sent to the exception report, regardless of the COLA information. The error message is "Multiple SS records on CARES".
- Cases that have multiple SSI income records in CARES will have the information sent to the exception report, regardless of the COLA information. The error message is "Multiple SSI records on CARES".

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6. Cases that are overridden by ESS will not be updated and the information will be sent to an exception report. The error message is "Manual Override".

## EXCEPTIONS THAT ARE UPDATED AUTOMATICALLY:

- 1. CARES has SSA greater than zero and SSA COLA has \$0. Mass change will update CARES, run ED/BC and send the information to the exception reports. The message is "COLA shows no SSA"
- 2. CARES has SSI greater than zero and SSA COLA has \$0. Mass change will update CARES, run ED/BC and send the information to the exception reports. The message is "COLA shows no SSI"
- 3. CARES does not show that the individual is entitled to Medicare part B, but the federal COLA file does. The message is "Person is Part B Entitled".
- 4. CARES shows that the individual is entitled to Medicare part B, but the federal COLA file does not. The message is "Person is not Part B Entitled".
- 5. The Medicare part B premium payor on CARES is different then the part B premium payor on the Federal COLA file.

#### **CARES Tables**

Reference table updates are made to 4 tables that are used in determining Medicaid eligibility. These changes are required because of changes in the SSI payment level upon which the Medicaid income limits are based or because of a change in the Consumer Price Index (CPI). Reference table changes have been completed. An effective date of Jan/01/2002 will be used for TMEP, TASP, and TSCA. TCDP changes have already been done through 2005.

Changes to TMST will not be needed this year because the AFDC related and the SSI related Medically needy limits are capped at \$591.67 for group size 1 and 2.

- 1. Changes in SSI related income and Shelter Limits are in table **TMEP**.
- 2. Changes in Community Waiver income limits and personal maintenance allowances as well as the Medicare Part B premium amount and the Spousal Impoverishment Maximum income allocation amount are **also** found in **TMEP.**
- 3. The Spousal Impoverishment asset limit is in **TASP.**
- 4. The Dates controlling the time between the COLA mass change and the Federal Poverty Level mass change are stored in **TCDP**.
- 5. Changes in the SSA COLA percentage are found in **TSCA**.

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# **EOS R**EPORTS

There will be 7 reports generated as a result of this mass change.

EOS Report ID	CARES Report ID	Report Title		
C308	MC200A-CMC	COLA MC EXCEPTION LISTING BY AG		
		t for specific reasons were not updated or run through EDBC to eligibility. This report lists the 'Exceptions"		
C309	MC202A-CMC	COLA MC – INFO/UPDATE BY AG		
	A list of exception worker.	cases that were updated, but that should be reviewed by the ES		
C310	MC250A-CMC	COLA MC – ALL INDIVS UPDATED		
	A list of all cases t been run through	ises that were updated on AFUI or AFMD. These cases have also bugh eligibility.		
C303	MC182A-RTM	AGS AFFECTED BY REF TABLE MC		
	This is a list of cases with an assistance group that increased or decreased as a result of the mass change. If one Assistance group in the case changed all assistance groups are listed.			
C304	MC182B-RTM	COUNTY SUMMARY – MC REF TABLE		
		the number of AG s that opened, closed, increased and nty. It also shows dollar amounts when applicable.		
C305	MC182C-RTM	STATE SUMMARY – MC REF TABLE		
	-	nows the number of AG s that opened, closed, increased and the entire state. It also shows dollar amounts when applicable.		
C307	MC192A-RTM	EXCEPTION LIST/AGS - REF TAB MC		
	This report can be produced by any Mass Change. It shows Assistance Groups that should be looked at for various reasons.			

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# ELDERLY, BLIND, DISABLED (EBD) INCOME & ASSET CHANGES

Cross Reference: MAHB, Appendix 30.5.0.

Effective Date: 01-01-02.

CARES: These changes are part of the 12/07/01 CARES mass change.

ITEM	NEW AMOUNT	OLD AMOUNT
Categorically Needy Income		
Size 1	\$ 447.11 + Actual Shelter up to \$ 181.67	\$ 437.78 + Actual Shelter up to \$ 177.00
Size 2	\$ 676.72 + Actual Shelter up to \$ 272.33	\$ 662.72 + Actual Shelter up to \$ 265.33
Medically Needy Income		
Size 1 Size 2	No Change No Change	\$ 591.67 \$ 591.67
Categorically Needy Assets		
Size 1 Size 2	No Change No Change	\$ 2,000.00 \$ 3,000.00
Medically Needy Assets		
Size 1 Size 2	No Change No Change	\$ 2,000.00 \$ 3,000.00

## CATEGORICALLY NEEDY INSTITUTIONAL RESIDENT INCOME LIMIT

Cross Reference: MAHB, Institutions Unit, Step #11, 30.5.0.

Effective Date: 01-01-02

CARES: This change is part of the 12/07/01 CARES mass change.

ITEM	NEW AMOUNT	OLD AMOUNT
Categorically needy income limit for person in a medical institution.	\$ 1,635.00	\$ 1,593.00

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## SPOUSAL IMPOVERISHMENT INCOME ALLOCATION & ASSET SHARE

Cross Reference: MAHB, Appendix 23.4.2 and 23.6.0.

Effective Date: 01-01-02

CARES: This change is part of the 12/07/01 CARES mass change.

ITEM	NEW AMOUNT	OLD AMOUNT
Community Spouse Asset Share (CSAS) maximum	\$ 89,280.00	\$ 87,000.00
Income allocation	\$ 2,232.00	\$ 2,175.00

## SPOUSAL IMPOVERISHMENT ASSET TABLE EFFECTIVE 01/01/02

IF the total countable assets of the couple are:	THEN the CSAS* is:	MA Eligibility Limit
\$178,560 or more	\$89,280	\$91,280
Less than \$178,560 but greater than \$100,000	½ of the total countable assets of the couple	1/2 + \$2,000
\$100,000 or less	\$50,000	\$52,000

<sup>\*</sup>CSAS is the "Community Spouse Asset Share".

# Spousal Impoverishment Income Allocation & Allowance Table Effective 01/01/02

**NOTE:** All dollar amounts are monthly amounts

Community Spouse Allocation	The maximum allocation is the <b>lesser</b> of: \$2,232.00, or \$1,935.00 plus excess shelter allowance.  "Excess shelter allowance" means shelter expenses above \$580.50. Shelter expenses are mortgage, rent, taxes, maintenance fees, and a utility allowance.
Dependent Family Member Allocation	\$483.75 per dependent family member living with the community spouse. (This amount does not change with the COLA increases but rather with the Federal Poverty Level changes that occur in the spring of each year.)
Personal Needs Allowance	\$45 for institutionalized non-veterans.
Community Waivers Allowance	\$725 to \$1105.00 for a person in community waivers

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#### MEDICARE PART B PREMIUM

Cross Reference: None.

Effective Date: 01/01/02.

CARES: This change is part of the 12/07/01 CARES mass change.

ITEM	NEW AMOUNT	OLD AMOUNT
Base Monthly Premium Amount	\$ 54.00	\$ 50.00

The actual amount paid by the person is listed on the BENDEX tape.

For each individual where the Medicare Part B Premium Amount or the Medicare Part B Premium Payor is updated, the HIC number on AFMD will also be updated if the COLA file is different than the CARES information. The HIC number will not be updated if CARES has railroad retirement or black lung fund indicated.

## SSI-E PAYMENT LEVEL

Cross Reference: MAHB, Appendix 19.1.1, 19.2.2, 30.5.0.

Effective Date: No change.

CARES: Not applicable.

ITEM	NEW AMOUNT	OLD AMOUNT
State SSI-E Supplement	No change	\$ 95.99

## COMMUNITY WAIVERS BASIC NEEDS ALLOWANCE

Cross Reference: MAHB, Appendix 25.9.2.1, 30.5.1.

Effective Date: 01-01-02

CARES: This change is part of the 12/07/01 CARES mass change.

ITEM	NEW AMOUNT	OLD AMOUNT
Basic Needs Allowance	\$ 725.00	\$ 710.00
Maximum "Personal Maintenance Allowance"	\$ 1,105.00	\$ 1,080.00

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## COMMUNITY WAIVERS SPECIAL INCOME LIMIT (GROUP B)

Cross Reference: MAHB, Appendix 25.9.2, 30.5.0.

Effective Date: 01-01-02.

CARES: This change is part of the 12/07/01 CARES mass change.

ITEM	NEW AMOUNT	OLD AMOUNT
Single person or spouse not applying.	\$ 1,635.00	\$ 1,593.00

## AFDC-RELATED INCOME CHANGES

Cross Reference: MAHB, Appendix 30.4.0.

Effective Date: Not applicable.

CARES: Not applicable.

ITEM	NEW AMOUNT	OLD AMOUNT
Income: 1. Categorically needy.	No Change	See MA Hbk.
2. Medically needy.	No Change	Size 1 = \$591.67

#### SPOUSAL IMPOVERISHMENT BROCHURE

Workers can access the Spousal Impoverishment Asset and Income Allocation Tables on the Internet by going to: <a href="http://www.dhfs.state.wi.us/medicaid/recpubs/">http://www.dhfs.state.wi.us/medicaid/recpubs/</a>. Click on the link to the tables.

You will not see these changes on the web site until January, 2002. When the changes are made, please print them out for anyone who requests a copy and doesn't have Internet access.

## **CONTACT**

DES CARES and Policy Call Center Email: <a href="mailto:carpolcc@dwd.state.wi.us">carpolcc@dwd.state.wi.us</a>

Phone: 608-261-6317 (Option #1)

Fax: 608-266-8358

Note: Email contacts are preferred. Thank you.

DWD/DWS/BWP/SD: DHFS/DHCF/BHCE/SJ